

Fill in this information to identify the case:

Debtor name Jacobson Hotels, Inc.United States Bankruptcy Court for the:  
Southern District of TexasCase number (if known): 20-33957 Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?** No. Go to Part 2. Yes. Fill in the information below.**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****2. Cash on hand****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm) Type of account Last 4 digits of account number

3.1 Wells Fargo Checking account \_\_\_\_\_ \$6,000.003.2 Texas Gulf Bank Checking account \_\_\_\_\_ \$25,000.00**4. Other cash equivalents (Identify all)**

None

**5. Total of Part 1**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$31,000.00****Part 2: Deposits and prepayments****6. Does the debtor have any deposits or prepayments?** No. Go to Part 3. Yes. Fill in the information below.**Current value of debtor's interest****7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

None

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**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

None

**9. Total of Part 2**

Add lines 7 through 8 (including amounts on any additional sheets). Copy the total to line 81. \$0.00

Part 3: Accounts receivable

**10. Does the debtor have any accounts receivable?**

No. Go to Part 4.

Yes. Fill in the information below.

Current value of debtor's interest

**11. Accounts Receivable**

11a. 90 days old or less: \_\_\_\_\_ - \_\_\_\_\_ doubtful or uncollectible accounts = ..... → \_\_\_\_\_

11b. Over 90 days old: \_\_\_\_\_ - \_\_\_\_\_ doubtful or uncollectible accounts = ..... → \_\_\_\_\_

**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82. \$0.00

Part 4: Investments

**13. Does the debtor own any investments?**

No. Go to Part 5.

Yes. Fill in the information below.

Valuation method used for current value

Current value of debtor's interest

**14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

None

**15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Name of fund or stock: % of ownership:

None

**16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe:

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None

17. **Total of Part 4**

Add lines 14 through 16 (including any additional sheets). Copy the total to line 83.

\$0.00**Part 5: Inventory, excluding agriculture assets**18. **Does the debtor own any inventory (excluding agriculture assets)?** No. Go to Part 6. Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest

19. **Raw materials**

None

20. **Work in progress**

None

21. **Finished goods, including goods held for resale**

None

22. **Other inventory or supplies**

None

23. **Total of Part 5**

Add lines 19 through 22 (including any additional sheets). Copy the total to line 84.

\$0.0024. **Is any of the property listed in Part 5 perishable?** No Yes25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?** No Yes26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?** No Yes**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?** No. Go to Part 7. Yes. Fill in the information below.

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General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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28. Crops — either planted or harvested

None

29. Farm animals *Examples:* Livestock, poultry, farm-raised fish

None

30. Farm machinery and equipment (Other than titled motor vehicles)

None

31. Farm and fishing supplies, chemicals, and feed

None

32. Other farming and fishing-related property not already listed in Part 6

None

33. Total of Part 6

Add lines 28 through 32. Copy the total to line 85.

\$0.00

34. Is the debtor a member of an agricultural cooperative?

 No Yes. Is any of the debtor's property stored at the cooperative? No Yes

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

 No Yes

36. Is a depreciation schedule available for any of the property listed in Part 6?

 No Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

 No Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

 No. Go to Part 8. Yes. Fill in the information below.

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General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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**39. Office furniture**

39.1 furniture and equipment \$162,350.00 Furniture and Equipment (Unknown)

**40. Office fixtures**

None

**41. Office equipment, including all computer equipment and communication systems equipment and software**

41.1 computers \$17,679.00 (Unknown)

**42. Collectibles** Examples: Antiques and figurines; paintings, prints or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

None

**43. Total of Part 7**

Add lines 39 through 42. Copy the total to line 86. \$0.00

**44. Is a depreciation schedule available for any of the property listed in Part 7?**

No  
 Yes

**45. Has any of the property listed in Part 7 been appraised by a professional within the last year?**

No  
 Yes

**Part 8: Machinery, equipment, and vehicles**

**46. Does the debtor own or lease any machinery, equipment, or vehicles?**

No. Go to Part 9.  
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)

**47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

None

**48. Watercraft, trailers, motors, and related accessories** Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

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None	
<b>49. Aircraft and accessories</b>	
None	
<b>50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)</b>	
None	
<b>51. Total of Part 8</b>	<b>\$0.00</b>
Add lines 47 through 50. Copy the total to line 87.	
<b>52. Is a depreciation schedule available for any of the property listed in Part 8?</b>	
<input checked="" type="checkbox"/> No	
<input type="checkbox"/> Yes	
<b>53. Has any of the property listed in Part 8 been appraised by a professional within the last year?</b>	
<input checked="" type="checkbox"/> No	
<input type="checkbox"/> Yes	

**Part 9: Real Property**

<b>54. Does the debtor own or lease any real property?</b>				
<input type="checkbox"/> No. Go to Part 10.				
<input checked="" type="checkbox"/> Yes. Fill in the information below.				
<b>General description</b> Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available	<b>Nature and extent of debtor's interest in property</b>	<b>Net book value of debtor's interest (Where available)</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
<b>55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has interest</b>				
55.1 <u>Baymont Inn &amp; Suites</u>	<u>Fee Simple</u>	<u>(Unknown)</u>	<u>Estimated comparable value</u>	<u>\$6,000,000.00</u>
<b>56. Total of Part 9</b>	<u>\$6,000,000.00</u>			
Add the current value on lines 55.1 through 55.3 and entries from any addition sheets. Copy the total to line 88.				
<b>57. Is a depreciation schedule available for any of the property listed in Part 9?</b>				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
<b>58. Has any of the property listed in Part 9 been appraised by a professional within the last year?</b>				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

**Part 10: Intangibles and Intellectual Property**

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**59. Does the debtor have any interests in intangibles or intellectual property?**

No. Go to Part 11.  
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest

**60. Patents, copyrights, trademarks, and trade secrets**

None

**61. Internet domain names and websites**

None

**62. Licenses, franchises, and royalties**

62.1 Wyndham franchise \$176,000.00 (Unknown)

**63. Customer lists, mailing lists, or other compilations**

None

**64. Other intangibles, or intellectual property**

None

**65. Goodwill**

65.1 goodwill \$350,000.00 (Unknown)

**66. Total of Part 10**

Add lines 60 through 65. Copy the total to line 89. \$0.00

**67. Do your lists or records include personally identifiable information of customers? (as defined in 11 U.S.C. §§ 101(41A) and 107)**

No  
 Yes

**68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

No  
 Yes

**69. Has any of the property listed in Part 10 been appraised by a professional within the last year?**

No  
 Yes

**Part 11: All other assets**

**70. Does the debtor own any other assets that have not yet been reported on this form?**

No. Go to Part 12.  
 Yes. Fill in the information below.

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Current value of debtor's  
interest

**71. Notes receivable**

Description (include name of obligor)

**None**

**72. Tax refunds and unused net operating losses (NOLs)**

Description (for example, federal, state, local)

**None**

**73. Interests in insurance policies or annuities**

**None**

**74. Causes of action against third parties (whether or not a lawsuit has been filed)**

**None**

**75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

**None**

**76. Trusts, equitable or future interests in property**

**None**

**77. Other property of any kind not already listed** Examples: Season tickets, country club membership

**None**

**78. Total of Part 11**

Add lines 71 through 77. Copy the total to line 90.

\$0.00

**79. Has any of the property listed in Part 11 been appraised by a professional within the last year?**

No  
 Yes

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## Part 12: Summary

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1.	<u>\$31,000.00</u>	
81. Deposits and prepayments. Copy line 9, Part 2.	<u>\$0.00</u>	
82. Accounts receivable. Copy line 12, Part 3.	<u>\$0.00</u>	
83. Investments. Copy line 17, Part 4.	<u>\$0.00</u>	
84. Inventory. Copy line 23, Part 5.	<u>\$0.00</u>	
85. Farming and fishing-related assets. Copy line 33, Part 6.	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; collectibles. Copy line 43, Part 7.	<u>\$0.00</u>	
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.	<u>\$0.00</u>	
88. Real property. Copy line 56, Part 9.....		→ <u>\$6,000,000.00</u>
89. Intangibles and intellectual property. Copy line 66, Part 10.	<u>\$0.00</u>	
90. All other assets. Copy line 78, Part 11.	<u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column.....	91a. <u>\$31,000.00</u>	91b. <u>\$6,000,000.00</u>
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92 .....		<u>\$6,031,000.00</u>

Fill in this information to identify the case:

Debtor name Jacobson Hotels, Inc.United States Bankruptcy Court for the:  
Southern District of TexasCase number (if known): 20-33957 Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property**

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**Be as complete and accurate as possible.****1. Do any creditors have claims secured by debtor's property?**

No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.

Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A	Column B
Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim

**2.1 Creditor's name**

North Texas Certified Development Corp.

**Describe debtor's property that is subject to a lien**\$1,383,000.00\$6,000,000.00**Creditor's mailing address**

c/o Marilyn Ferguson

**Describe the lien**

Deed of Trust

1255 West 15th St. 500

Baymont Inn &amp; Suites

Plano, TX 75075

18484 Interstate 45 S Conroe, TX 77384

**Creditor's email address, if known**Date debt was incurred 2015**Last 4 digits of account  
number****Do multiple creditors have an interest in the same  
property?** No. Yes. Specify each creditor, including this creditor,  
and its relative priority.

1) Texas Gulf Bank

2) North Texas Certified Development  
Corp.

**3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.**

\$3,850,000.00

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**Part 1: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

	<i>Column A</i>	<i>Column B</i>
	<b>Amount of claim</b> Do not deduct the value of collateral.	<b>Value of collateral that supports this claim</b>
<b>2.2 Creditor's name</b>	<b>Describe debtor's property that is subject to a lien</b>	<b>\$2,467,000.00</b>
Texas Gulf Bank	Baymont Inn & Suites 18484 Interstate 45 S Conroe, TX 77384  furniture and equipment  computers	<b>\$6,000,000.00</b>
<b>Creditor's mailing address</b>	<b>Describe the lien</b> Deed of Trust, Security Interest	
1030 Dixie Drive  Clute, TX 77531-5124	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes.	
<b>Creditor's email address, if known</b>	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).	
<b>Date debt was incurred</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply.	
Last 4 digits of account number	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Do multiple creditors have an interest in the same property?	<input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <b>For Asset:</b> <b>Baymont Inn &amp; Suites</b> <b>18484 Interstate 45 S Conroe, TX 77384</b>	
<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.	<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1</u> <b>For Asset:</b> <b>furniture and equipment</b>	
<input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1</u>	<input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1</u>	
<b>For Asset:</b> <b>computers</b>	<input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1</u>	

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## Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
Girouard Law Firm, P.C. c/o Sagness Girouard P.O. Drawer 2196 Freeport, TX 77542	Line <u>2.2</u>	_____

Fill in this information to identify the case:

Debtor name Jacobson Hotels, Inc.United States Bankruptcy Court for the:  
Southern District of TexasCase number (if known): 20-33957 Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

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Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507)** No. Go to Part 2. Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.**

	Total claim	Priority amount
<b>2.1 Priority creditor's name and mailing address</b>  _____ _____ _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	_____
<b>Date or dates debt was incurred</b>  _____	<b>Basis for the claim:</b>  _____	
<b>Last 4 digits of account number</b> number _____	<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) _____</b>		
<b>2.2 Priority creditor's name and mailing address</b>  _____ _____ _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	_____
<b>Date or dates debt was incurred</b>  _____	<b>Basis for the claim:</b>  _____	
<b>Last 4 digits of account number</b> number _____	<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) _____</b>		

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## Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		<b>Amount of claim</b>	
<b>3.1</b>	<b>Nonpriority creditor's name and mailing address</b>  Allied Insurance & Financial  Att: Samson Abiodun  8403 Westglen Dr. A1321  Houston, TX 77063	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>unknown</u>
<b>3.2</b>	<b>Nonpriority creditor's name and mailing address</b>  Amenity Services  110 W Dayton Street 3-201  Edmonds, WA 98020	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$110.00</u>
<b>3.3</b>	<b>Nonpriority creditor's name and mailing address</b>  American Express  PO Box 981535  El Paso, TX 79998	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Credit Card debt</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,000.00</u>
<b>3.4</b>	<b>Nonpriority creditor's name and mailing address</b>  BB&T  P.O. Box 200  Wilson, NC 27894	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,010.00</u>
<b>3.5</b>	<b>Nonpriority creditor's name and mailing address</b>  Centerpoint Energy  PO Box 4981  Houston, TX 77210	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,132.00</u>

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## Part 2: Additional Page

3.6	Nonpriority creditor's name and mailing address  Chase Ink Card  P.O. Box 15123  Wilmington, DE 19850-5123	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____	\$80,000.00
3.7	Date or dates debt was incurred _____  Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.8	Nonpriority creditor's name and mailing address  Consolidated Communications  P.O. Box 66523  Saint Louis, MO 63166-6523	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____	unknown \$300.00
3.9	Date or dates debt was incurred _____  Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.10	Nonpriority creditor's name and mailing address  Entergy  P.O. Box 8104  Baton Rouge, LA 70891	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Utilities</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____  Last 4 digits of account number _____	\$23,067.87
3.10	Nonpriority creditor's name and mailing address  Farmers Insurance  c/o Graham Carter  One Pierce Place 725W  Itasca, IL 60143	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____  Last 4 digits of account number _____	unknown

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## Part 2: Additional Page

3.11	Nonpriority creditor's name and mailing address  HD Supply Facilities Maintenance  P.O. Box 509058  San Diego, CA 92150	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____	\$2,806.00
3.12	Date or dates debt was incurred _____  Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.13	Nonpriority creditor's name and mailing address  Hilton Domestic Operating Co.  c/o Raunch-Milliken Int'l Inc.  P.O. Box 8390  Metairie, LA 70011	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____	unknown
3.14	Date or dates debt was incurred _____  Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.15	Nonpriority creditor's name and mailing address  Jacobson, Kenneth  35 Marquise Oaks Pl.  Spring, TX 77382	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Loans</u>	\$80,000.00
	Date or dates debt was incurred _____  Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Nonpriority creditor's name and mailing address  Markel Amer. Ins. & Acceptance Indem.  P.O. Box 650028  Dallas, TX 75265	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____	\$300,000.00
	Date or dates debt was incurred _____  Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	unknown

Debtor

Jacobson Hotels, Inc.

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3.16	Nonpriority creditor's name and mailing address  <u>Mood Media</u>  <u>P.O. Box 602777</u>  <u>Charlotte, NC 28260-2777</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____	\$38.00
3.17	Date or dates debt was incurred _____  Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.18	Nonpriority creditor's name and mailing address  <u>Sherwin Williams</u>  <u>17947 I-45 202</u>  <u>Shenandoah, TX 77385</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____	\$600.00
3.19	Date or dates debt was incurred _____  Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.20	Nonpriority creditor's name and mailing address  <u>Small Business Administration</u>  <u>409 3rd St., SW</u>  <u>Washington, DC 20416</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>PPP loan</u>	\$22,000.00
3.19	Date or dates debt was incurred _____  Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.19	Nonpriority creditor's name and mailing address  <u>Spectrum Business</u>  <u>P.O. Box 790261</u>  <u>Saint Louis , MO 63179</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____	unknown
3.19	Date or dates debt was incurred _____  Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.20	Nonpriority creditor's name and mailing address  <u>Stonemark, Inc.</u>  <u>8501 Wade Blvd. 620</u>  <u>Frisco, TX 75034</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____	unknown
3.20	Date or dates debt was incurred _____  Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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## Part 2: Additional Page

3.21	Nonpriority creditor's name and mailing address  Swaly Tax Services  c/o Daksha Patel  9555 W. Sam Houston Pkwy S. 335  Houston, TX 77099	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____  Last 4 digits of account number _____	\$2,700.00
3.22	Nonpriority creditor's name and mailing address  Synchrony Bank  P.O. Box 965004  Orlando, FL 32896	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____  Last 4 digits of account number _____	\$12,000.00
3.23	Nonpriority creditor's name and mailing address  Texas Comptroller of Public Accounts  PO Box 13528, Capitol Station  Austin, TX 78711	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____  Last 4 digits of account number _____	unknown
3.24	Nonpriority creditor's name and mailing address  Versacor  P.O. Box 93809  Southlake, TX 76092	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____  Last 4 digits of account number _____	\$2,833.00
3.25	Nonpriority creditor's name and mailing address  Waste Management  P.O. Box 43350  Phoenix, AZ 85080	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____  Last 4 digits of account number _____	unknown

Debtor

Jacobson Hotels, Inc.

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20-33957

## Part 2: Additional Page

3.26	Nonpriority creditor's name and mailing address  WCA Waste Systems  P.O. Box 4524  Houston, TX 77210	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____	\$418.00
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.27	Nonpriority creditor's name and mailing address  Wyndham Hotels & Resorts  22 Sylvan Way  Parsippany, NJ 07054	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____	unknown
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		

Debtor

Jacobson Hotels, Inc.

Name

Case number (if known)

20-33957

## Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Avis, Richard T. P.O. Box 31579 Chicago, IL 60631	Line <u>3.15</u> <input type="checkbox"/> Not listed. Explain _____ _____	_____
4.2	William C. Ferebee Steptoe & Johnson 1780 Hughes Landing Blvd. 750 Spring, TX 77380	Line <u>3.7</u> <input type="checkbox"/> Not listed. Explain _____ _____	_____

Debtor

Jacobson Hotels, Inc.

Name

Case number (if known)

20-33957**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims****5. Add the amounts of priority and nonpriority unsecured claims.**

<b>Total of claim amounts</b>		
5a. Total claims from Part 1	5a.	<u><b>\$0.00</b></u>
5b. Total claims from Part 2	5b.	<u><b>\$538,014.87</b></u>
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	<u><b>\$538,014.87</b></u>

Fill in this information to identify the case:

Debtor name Jacobson Hotels, Inc.United States Bankruptcy Court for the:  
Southern District of TexasCase number (if known): 20-33957 Chapter 11 Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

**Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.**1. Does the debtor have any executory contracts or unexpired leases? No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form. Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B).**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1	State what the contract or lease is for and the nature of the debtor's interest	<u>Franchise agreement</u>	Wyndham Hotels & Resorts 22 Sylvan Way Parsippany, NJ 07054
	State the term remaining	<u>0 months</u>	
	List the contract number of any government contract		
2.2	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		
2.3	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		
2.4	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		
2.5	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		

Fill in this information to identify the case:

Debtor name Jacobson Hotels, Inc.United States Bankruptcy Court for the:  
Southern District of TexasCase number (if known): 20-33957 Chapter 11 Check if this is an amended filing**Official Form 206Sum****Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)****1a. Real Property:**Copy line 88 from *Schedule A/B*.....\$6,000,000.00**1b. Total personal property:**Copy line 91A from *Schedule A/B*.....\$31,000.00**1c. Total of all property:**Copy line 92 from *Schedule A/B*.....\$6,031,000.00**Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)**Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*.....\$3,850,000.00**3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)****3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*.....\$0.00**3b. Total amount of claims of non-priority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*.....+ \$538,014.87**4. Total liabilities.....**

Lines 2 + 3a + 3b

\$4,388,014.87

Fill in this information to identify the case:

Debtor name Jacobson Hotels, Inc.

United States Bankruptcy Court for the:  
Southern District of Texas

Case number (if known): 20-33957

Check if this is an amended filing

## Official Form 202

### Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING – Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

#### Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206A-Summary)
- Amended Schedule* \_\_\_\_\_
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration* \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 08/18/2020  
MM/ DD/ YYYY

X

/s/ Grace L. Jacobson

Signature of individual signing on behalf of debtor

Grace L. Jacobson  
Printed name

Director  
Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Jacobson Hotels, Inc.United States Bankruptcy Court for the:  
Southern District of TexasCase number (if known): 20-33957 Check if this is an amended filing**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an *insider*, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	Amenity Services 110 W Dayton Street 3-201 Edmonds, WA 98020						\$110.00
2	American Express PO Box 981535 El Paso, TX 79998		Credit Card debt				\$5,000.00
3	BB&T P.O. Box 200 Wilson, NC 27894						\$5,010.00
4	Centerpoint Energy PO Box 4981 Houston, TX 77210						\$1,132.00
5	Chase Ink Card P.O. Box 15123 Wilmington, DE 19850-5123						\$80,000.00
6	Consolidated Communications P.O. Box 66523 Saint Louis, MO 63166-6523						\$300.00
7	Entergy P.O. Box 8104 Baton Rouge, LA 70891		Utilities				\$23,067.87
8	HD Supply Facilities Maintenance P.O. Box 509058 San Diego, CA 92150						\$2,806.00

Debtor Jacobson Hotels, Inc.  
NameCase number (if known) 20-33957

Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
9 Jacobson Hospitality, Inc. 35 Marquise Oaks Pl. Spring, TX 77382		Loans				\$80,000.00
10 Jacobson, Kenneth 35 Marquise Oaks Pl. Spring, TX 77382		Loans				\$300,000.00
11 Mood Media P.O. Box 602777 Charlotte, NC 28260-2777						\$38.00
12 Sherwin Williams 17947 I-45 202 Shenandoah, TX 77385						\$600.00
13 Small Business Administration 409 3rd St., SW Washington, DC 20416		PPP loan				\$22,000.00
14 Swaly Tax Services c/o Daksha Patel 9555 W. Sam Houston Pkwy S. 335 Houston, TX 77099		Services				\$2,700.00
15 Synchrony Bank P.O. Box 965004 Orlando, FL 32896						\$12,000.00
16 Versacor P.O. Box 93809 Southlake, TX 76092						\$2,833.00
17 WCA Waste Systems P.O. Box 4524 Houston, TX 77210						\$418.00
18						
19						
20						

Fill in this information to identify the case:

Debtor name Jacobson Hotels, Inc.United States Bankruptcy Court for the:  
Southern District of TexasCase number (if known): 20-33957 Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/19

**The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).****Part 1: Income****1. Gross revenue from business** None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

**Sources of revenue**

Check all that apply

**Gross revenue**

(before deductions and exclusions)

<b>From the beginning of the fiscal year to filing date:</b>	From <u>01/01/2020</u> MM/ DD/ YYYY	to Filing date	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	approx. 200,000 \$0.00
<b>For prior year:</b>	From <u>01/01/2019</u> MM/ DD/ YYYY	to <u>12/31/2019</u> MM/ DD/ YYYY	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$447,991.00
<b>For the year before that:</b>	From <u>01/01/2018</u> MM/ DD/ YYYY	to <u>12/31/2018</u> MM/ DD/ YYYY	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$633,636.00

**2. Non-business revenue**Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1. None**Description of sources of revenue****Gross revenue from each source**

(before deductions and exclusions)

<b>From the beginning of the fiscal year to filing date:</b>	From <u>01/01/2020</u> MM/ DD/ YYYY	to Filing date
<b>For prior year:</b>	From <u>01/01/2019</u> MM/ DD/ YYYY	to <u>12/31/2019</u> MM/ DD/ YYYY
<b>For the year before that:</b>	From <u>01/01/2018</u> MM/ DD/ YYYY	to <u>12/31/2018</u> MM/ DD/ YYYY

Debtor Jacobson Hotels, Inc.  
Name

Case number (if known) 20-33957

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. <u>Ordinary course payments to vendors</u>		<u>various</u>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
Creditor's name			
Street			
City	State	ZIP Code	

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or co-signed by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. <u>Jacobson, Grace</u>		<u>\$36,000.00</u>	<u>salary for operating hotel</u>
Creditor's name			
35 Marquise Oaks PI			
Street			
<u>Spring, TX 77382</u>	City	State	ZIP Code
<u>Relationship to debtor</u>			
<u>Director, Controlling shareholder</u>			

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

Creditor's name and address	Description of the property	Date	Value of property
5.1. _____			
Creditor's name			
Street			
City	State	ZIP Code	

Debtor Jacobson Hotels, Inc.  
Name

Case number (if known) 20-33957

#### 6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
5.1. _____	_____	_____	_____
Creditor's name	XXXX- _____		
Street			
City	State	ZIP Code	

#### Part 3: Legal Actions or Assignments

##### 7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

None

7.1. Case title	Nature of case	Court or agency's name and address	Status of case
Jacobson Hotels v. Texas Gulf Bank	Debtor sought a temporary restraining order to prevent non-judicial foreclosure; Case non-suited	Montgomery County District Court Name Street Conroe, TX City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
Case number 20-07-09070			
7.2. Case title	Nature of case	Court or agency's name and address	Status of case
Non-Judicial Foreclosure Proceeding	Texas Gulf Bank non-judicial foreclosure. Stayed by bankruptcy filing	Montgomery County Name Street Conroe, TX City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number _____			
7.3. Case title	Nature of case	Court or agency's name and address	Status of case
City of Shenandoah v. Jacobson Hotels, Inc.	Ordinance dispute.	Montgomery County District Court Name Street Conroe, TX City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
Case number 20-03-03806			

#### 8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

None

Debtor Jacobson Hotels, Inc.  
Name

Case number (if known) 20-33957

8.1. Custodian's name and address	Description of the property	Value
Custodian's name		
Street	Case title	Court name and address
City	Case number	Street
State		
ZIP Code	Date of order or assignment	City State ZIP Code

#### Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

None

9.1. Recipient's name and address	Description of the gifts or contributions	Dates given	Value
Recipient's name			
Street			
City	Recipient's relationship to debtor	State	ZIP Code

#### Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Date of loss	Value of property lost
	If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.  List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).		

10.1. \_\_\_\_\_

#### Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

None

Debtor Jacobson Hotels, Inc.  
Name

Case number (if known) 20-33957

20-33957

11.1.	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
	Devine, Patrick D.	Attorney's Fee	8/3/2020	\$21,700.00
	Address			
	P.O. Box 1229			
	Street			
	Pinehurst, TX 77362			
	City	State	ZIP Code	
	Email or website address			
	Who made the payment, if not debtor?			
	Jacobson Hotels, Inc.			

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

None

12.1.	Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
	Trustee			

**13. Transfers not already listed on this statement**

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

None

Debtor Jacobson Hotels, Inc.  
Name

Case number (if known) 20-33957

Part 7: Previous Locations

**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Does not apply

Address	Dates of occupancy
14.1. _____ Street _____	From _____ To _____
City _____	State _____ ZIP Code _____

Part 8: Health Care Bankruptcies

**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

No. Go to Part 9.

Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1. _____ Facility name _____	_____	_____
Street _____ City _____ State _____ ZIP Code _____	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. _____	How are records kept? Check all that apply: <input type="checkbox"/> Electronically <input type="checkbox"/> Paper

Part 9: Personally Identifiable Information

**16. Does the debtor collect and retain personally identifiable information of customers?**

No.

Yes. State the nature of the information collected and retained. \_\_\_\_\_

Does the debtor have a privacy policy about that information?

No

Yes

Debtor Jacobson Hotels, Inc.  
Name

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17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b) or other pension or profit-sharing plan made available by the debtor as an employee benefit?

No. Go to Part 10.  
 Yes. Does the debtor serve as plan administrator?  
 No. Go to Part 10.  
 Yes. Fill in below:

**Name of plan**

**Employer identification number of the plan**

EIN: \_\_\_\_\_

Has the plan been terminated?

No  
 Yes

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**

**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?  
 Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

None

Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1 _____ Name _____ Street _____ City _____ State _____ ZIP Code _____	XXXX- _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other	_____	_____

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

None

19.1 Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name _____ Street _____ Address _____ City _____ State _____ ZIP Code _____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

None

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 Name \_\_\_\_\_

20.1 Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name _____ Street _____ _____ City _____ State _____ ZIP Code _____	Address _____ _____ _____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**

**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

None

Owner's name and address	Location of the property	Description of the property	Value
Name _____ Street _____ _____ City _____ State _____ ZIP Code _____	_____ _____ _____	_____	_____

**Part 12: Details About Environmental Information**

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

**Report all notices, releases, and proceedings known, regardless of when they occurred**

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law?**

Include settlements and orders.

No

Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
Case number _____	Name _____ Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

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**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

No

Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		
Street	Street		
City      State      ZIP Code	City      State      ZIP Code		

**24. Has the debtor notified any governmental unit of any release of hazardous material?**

No

Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		
Street	Street		
City      State      ZIP Code	City      State      ZIP Code		

**Part 13: Details About the Debtor's Business or Connections to Any Business**

**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

None

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1. <u>Hampton Inn</u> Name Street City      State      ZIP Code	<u>Prior hotel franchise</u>	EIN: _____ - _____ <b>Dates business existed</b> From _____ To _____

**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

None

Debtor Jacobson Hotels, Inc.  
Name

Case number (*if known*) 20-33957

Name and address	Dates of service
26a.1. <u>Swaly Tax Services</u>	From _____ To _____
Name <u>9555 W. Sam Houston Pkwy S. 335</u>	
Street <u>c/o Daksha Patel</u>	
City <u>Houston, TX 77099</u>	State _____ ZIP Code _____

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

None

Name and address	Dates of service
26b.1. <u>Swaly Tax Services</u> Name	From _____ To _____
<u>9555 W. Sam Houston Pkwy S. 335</u> Street	
<u>c/o Daksha Patel</u> City	
<u>Houston, TX 77099</u> State	ZIP Code

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

None

<b>Name and address</b>	<b>If any books of account and records are unavailable, explain why</b>	
26c.1.		
Swaly Tax Services		
Name		
9555 W. Sam Houston Pkwy S. 335		
Street		
c/o Daksha Patel		
Houston, TX 77099		
City	State	ZIP Code

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

None

Name and address		
26d.1.	Texas Gulf Bank	
	Name	
	1030 Dixie Drive	
	Street	
	Clute, TX 77531-5124	
City	State	ZIP Code

## 27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

No

Yes. Give the details about the two most recent inventories.

Debtor Jacobson Hotels, Inc.  
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Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
---	-------------------	--

**Name and address of the person who has possession of inventory records**

27.1.

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
<u>Jacobson, Grace</u>	<u>35 Marquise Oaks PI Spring, TX 77382</u>	<u>Director, Owner</u>	<u>90.00 %</u>

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

No

Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
_____	_____	_____	From _____ To _____

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

No

Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1. <u>Jacobson, Grace</u> Name <u>35 Marquise Oaks PI</u> Street <u>Spring, TX 77382</u> City State ZIP Code	_____	_____	<u>Salary paid for operating hotel</u>

**Relationship to debtor**

Director, Controlling shareholder

Debtor Jacobson Hotels, Inc.  
Name

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**31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?**

No

Yes. Identify below.

<b>Name of the parent corporation</b>	<b>Employer Identification number of the parent corporation</b>
_____	EIN: _____

**32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?**

No

Yes. Identify below.

<b>Name of the pension fund</b>	<b>Employer Identification number of the pension fund</b>
_____	EIN: _____

**Part 14: Signature and Declaration**

**WARNING --** Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 08/18/2020  
MM/ DD/ YYYY



/s/ Grace L. Jacobson

Signature of individual signing on behalf of the debtor

Position or relationship to debtor  
Director

Printed name Grace L. Jacobson

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

No

Yes